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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)

1915/14001US01



In re the Application of

Wironen, et al.

Application Number

09/897,728

Filed

July 3, 2001

For

"In Vitro Bone Induction Assay"

Group Art Unit

1631

Examiner

Smith, Carolyn L.

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- | | |
|--|-----------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ 420.00 |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ |

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the amount shown above is reduced by one-half, and the resulting fee is: \$ _____.

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 13-0017. I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor

☐ assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 32,167

☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) _____

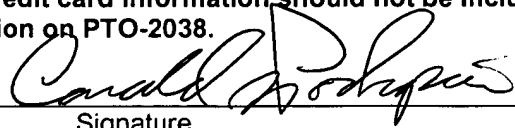
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

September 2, 2004

Date

312-775-8000

Telephone Number



Signature

Donald J. Pochopien, Reg. No. 32,167

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.



PTO 09/17 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2004		Complete if Known	
		Application Number	09/897,728
Patent Fees are subject to annual revision.		Filing Date	July 3, 2001
		First Named Inventor	Wironen, et al.
		Examiner Name	Smith, Carolyn, L.
Group Art Unit		1631	
TOTAL AMOUNT OF PAYMENT	(\$420.00	Attorney Docket No.	1915/14001US01

METHOD OF PAYMENT		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:		3. ADDITIONAL FEES	
Deposit Account Number	13-0017	Large Entity Fee Code	Small Entity Fee Code
Deposit Account Name	McAndrews Held & Malloy	Fee (\$)	Fee (\$)
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		Fee Description	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Fee Paid	
2. <input checked="" type="checkbox"/> Payment Enclosed:			
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Fee Code	Small Entity Fee Code	Fee Description	
Fee (\$)	Fee (\$)	Fee Paid	
1001 770 2001 385		Utility filing Fee	
1002 340 2002 170		Design filing Fee	
1003 530 2003 265		Plant filing fee	
1004 770 2004 385		Reissue filing fee	
1005 160 2005 80		Provisional filing fee	
SUBTOTAL (1) (\$0)			
2. EXTRA CLAIM FEES			
Total Claims	- 20** =	Extra Claims	Fee from below
Independent Claims	- 3** =		Fee Paid
Multiple Dependent			
Large Entity Fee Code	Small Entity Fee Code	Fee Description	
Fee (\$)	Fee (\$)	Fee Paid	
1202 18 2202 9		Claims in excess of 20	
1201 86 2201 43		Independent claims in excess of 3	
1203 290 2203 145		Multiple dependent claim, if not paid	
1204 86 2204 43		**Reissue independent claims over original patent	
1205 18 2205 9		**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$0)			
*or number previously paid, if greater; For Reissues, see above		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3) (\$420.00)	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Donald J. Pochopien	Registration No. / Attorney or Agent	32,167
Signature		Telephone	312-775-8000
		Date	September 2, 2004

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